

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90102 043 ***150.00

DOCUMENT # P05000107812			
1. Entity Name AMERICAN DINNER ENTERTAINMENT GROUP, INC.			
Principal Place of Business 800 BRICKELL AVE STE 1107 MIAMI, FL 33131		Mailing Address 800 BRICKELL AVE STE 1107 MIAMI, FL 33131	
2. Principal Place of Business - No P.O. Box # % B.V. MAZZEO + CO., CPAs Suite, Apt. #, etc. 13501 SW 128 ST., STE. 103 City & State MIAMI, FL Zip 33186 Country USA		3. Mailing Address % B.V. MAZZEO + CO., CPAs Suite, Apt. #, etc. 13501 SW 128 ST., STE. 103 City & State MIAMI, FL Zip 33186 Country USA	
4. FEI Number 20-4487989		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POPPENHEIM, STEVEN 800 BRICKELL AVE STE 1107 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name OPPENHEIM, STEVEN Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Steven Oppenheim</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4/22/08</u>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT RIBA, ANTONIO 6400 CARRIER DRIVE ORLANDO, FL 32819	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RIBA, RAMON 6400 CARRIER DRIVE ORLANDO, FL 32819	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OPPENHEIM, STEVEN 800 BRICKELL AVE SUITE 1107 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Steven Oppenheim</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		STEVEN OPPENHEIM SECRETARY 4-22-08 305-371-8555 Date Daytime Phone #	